



APPL# _____
For Office Use Only

STATE OF NEW HAMPSHIRE
APPLICATION FOR CERTIFICATION
AS A PUBLIC ACCOUNTANT

\$250.00 APPLICATION FEE

☐ Sat for Exam in NH ☐ Sat for Exam in another state ☐ Reciprocity

The application must be legible filled out completely and typewritten
Check Payable to "Treasurer, State of NH" or
complete the enclosed credit card form **(Non-Refundable Fee)**

1. General Information

Name _____
Last First Middle

Names Previously Used (if applicable) _____ SS# _____

☐ Residence Address _____
zip code

Business Name _____

☐ Business Address _____
Indicate mailing address by check box zip code

Business Phone _____ Home Phone _____

Business Email: _____ Personal Email: _____

Place of Birth _____ Date of Birth _____

2. Exam Information

Part of Exam	Date Taken

3. Registration/Licensure Information

Have you taken and passed the Certified Public Accountants Exam? _____

If yes indicate: State _____ Date Completed : _____

State in which first registered or licensed as a CPA : _____

Date of Licensure _____ License Number _____ Is License now in force? _____

If not in force, indicate why _____

Have you **ever** applied for a CPA's license in **New Hampshire**? _____ Status _____

If Licensed in Another state have you completed CPE? ☐ Yes ☐ No

If Yes, how many hours? _____ In What Time Frame? From _____ To _____

Professional Licenses: List all states where you hold or have held licensure. Use a separate sheet if necessary. You must complete an "Authorization for Interstate Exchange" form from the state board where you sat for the exam

License #	State	Year Licensed	Written Examination	Reciprocity or Grandfather	Active or Lapsed

4. Education

INSTITUTION AND LOCATION	FROM	TO	MAJOR	DEGREE AWARDED/DATE
Secondary School				
1.				
Colleges and Universities:				
1.				
2.				
3.				
4.				

5. Practical Experience

List in chronological order and submit letter/s on the “Employment Verification” and “Public Accounting Experience” forms provided.

Date of employment Indicate month & year Total time employed	Name & Address of Employer	Title of Position

6. References of Character and Qualifications

List three (3) Personal References. Submit letters, using the “Recommendation Form” Provided, from 3 people who have known you for three (3) or more years and **who are not employers or related to you**. Please ensure that the individual signs the reference form.

Name	Address including zip code	Occupation	Years known

7. General Information Questions

CHECK ONE:

YES NO

1. Have you ever been disciplined, expelled or suspended from any professional organization?
☐ ☐
2. Have you ever been convicted of a felony that has not been annulled or committed Any dishonest act?
☐ ☐

If the answer is yes to any of the above questions, submit a written explanation with your application

8. Affidavits

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

Signature of Applicant

Date

ADDRESS ALL COMMUNICATIONS TO:
N.H. JOINT BOARD
57 REGIONAL DRIVE
CONCORD, N.H. 03301

Find us on the on-line at www.nh.gov/jtboard/home.htm

rev. 7/27/11



RETURN THIS CHECKLIST WITH YOUR APPLICATION

APPLICATION CHECKLIST

Candidate Name

Before you mail your application to the Board, please check the following items carefully. Your attention to these details will make it possible for the Board Staff to process your application without delay.

Have you:

- ☐ Marked the box on the application form indicating which address you want us to use? I am aware that if I am approved for licensure, all pertinent information will be sent to the address indicated by the check box.
- ☐ Included the \$250 fee with the check made payable to **Treasurer, State of NH** or completed the enclosed credit card sheet?
- ☐ Signed and dated the application?
- ☐ Included a clear copy (not dark) of your driver's license or passport which clearly shows your photograph, your identification information, and your signature?
- ☐ Included 3 character references, from people who have known you for more than 3 years, which are signed and dated?
- ☐ Included the 1) Experience Verification Letter and 2) the Experience Reporting Form or the Governmental Experience Form both signed by your supervising CPA/CA/CPC? Included a clear copy (not dark) of your supervisors' driver's license or passport which clearly shows their photograph and signature?
- ☐ Included a copy of your supervisors CPA/CA/CPC licensing information? This documentation may be a copy of the page from the licensing web site which shows the individuals date of issuance and date of expiration. If this cannot be provided, you will need to contact the licensing entity and request a letter stating the date the designation was issued, the date it expires, and whether or not it is in good standing.
- ☐ Included this Checklist with your application?

***The below items are additional items required for applicants who sat for the CPA Exam for a State other than New Hampshire or Reciprocity.**

- ☐ ***One 2" x 2" photograph of yourself.**
- ☐ ***Requested your college/university to send us your transcript directly to: 57 Regional Drive, Unit #2, Concord, NH 03301? If you earned your education outside of the United States did you request a foreign degree course-by-course evaluation from any company who is a member of www.NACES.org?**
- ☐ ***An "Authorization for Interstate Exchange." This document must be completed by the state board in which you passed the CPA Exam and, if applicable, documentation of the date you were certified/licensed, your certificate/license number and whether or not you are in good standing.**
- ☐ ***If applying for Reciprocity, documentation of your CPA license which may be a copy of the page from the licensing web site that shows the date of issuance and date of expiration of your license. If this cannot be provided, you will need to contact the licensing entity and request a letter stating the date the designation was issued and the date it expires.**

Must be printed on letterhead of the firm submitting information

Date

New Hampshire Joint Board
57 Regional Drive
Concord, New Hampshire 03301

RE: Experience Verification Letter for _____

Dear Members of the Board:

I have read RSA 309-B: 5, IX and understand it is my responsibility as a:

- ☐ Certified Public Accountant from the United State; or a
- ☐ Certified Public Accountant or Chartered Accountant from Australia; or a
- ☐ Chartered Accountant from, Canada or Ireland; or a
- ☐ Contadores Publicos Certificado from Mexico,

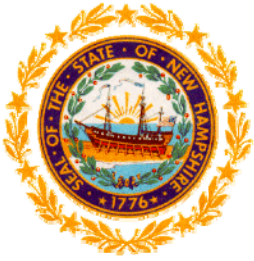
To professional prepare the above named individual to enable this person to meet those experience requirements. This experience should make an individual proficient in the practice or public accounting.

I hereby attest to the fact that I have read RSA 309-B:5,IX, understand its requirements and certify that the above named individual has obtained the ☐ full experience or ☐ partial experience, from my organization to meet those requirements, and has demonstrated to me personally that they have been proficient in the performance.

Printed Name

Signature & Title

Mailing Address



NH Joint Board
57 Regional Dr
Concord NH 03301

EMPLOYMENT VERIFICATION FORM

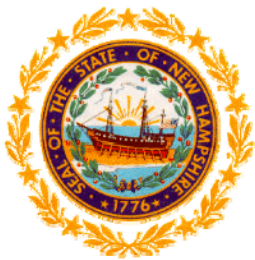
Re: Application of		
Candidates Name Required		
Dates of Employment	From:	To:
		If still employed, please write "still employed"
Candidate Worked <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
~~ CPA OR CHARTERED ACCOUNTANT VERIFYING INFORMATION ~~		
<input type="checkbox"/> Certified Public Accountant (US)	<input type="checkbox"/> Certified Public Accountant (Australia)	
<input type="checkbox"/> Chartered Accountant (Canada)	<input type="checkbox"/> Chartered Accountant (Australia)	
<input type="checkbox"/> Chartered Accountant (Ireland)	<input type="checkbox"/> Contadores Publicos Certificado (Mexico)	
State, Country, or Province where supervisor hold license:		
	Column for Candidate with Bachelors Degree	Column for Candidate with Masters Degree
# of Hours in Audit, Review, Financial Statement or any Report Function		
# of Hours in Management Advisory Services		
# of Hours in Financial Advisory Services		
# of Hours in Consulting Services		
# of Hours in Preparation of Tax Returns		
# of hours in Furnishing Advice on Tax Returns		
# of Hours in Furnishing Advice on Tax Matters		
Total Number of Hours Above		
Other Hours (Administrative, CPE, Vocation, Etc)		

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as an Certified Public Accountant.

Printed Name:

Date

Written Signature



NH Joint Board
57 Regional Dr
Concord NH 03301
REFERENCE FORM

A. To be Completed by Applicant:

Date _____

1. What is your full name _____
(to be typewritten or printed)

2. Address: _____
Street, City, State, Zip Code

3. Province: _____ Country? _____

☐ Mailing Address

☐ Work Address

☐ Home Address

Please check one

5. Application being Filed for: ☐ Original Certification

☐ Reciprocity

Please check one

B. To Be Completed by the Person Writing the Reference

1. What is your full name _____
(to be typewritten or printed)

2. Address: _____
Street, City, State, Zip Code

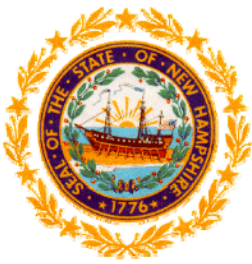
3. Relation to Applicant: _____

**The following written explanation must contain, number of years known (minimum of three years
and description of the above individual's character**

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as an Accountant. All attachments must be signed and dated.

Date _____

Written Signature _____



New Hampshire Board of Accountancy
57 Regional Dr
Concord NH 03301

AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE
INFORMATION

Part I. To be completed by applicant:

☐ Mr. ☐ Mrs. ☐ Ms.

Full Name:

Last

First

Middle

Date of Birth:

Current Mailing Address:

Town/ City:

State:

CPA Certificate Number (If Applicable):

Email Address:

I hereby request and authorize the _____ Board of Accountancy to provide all information requested by this form to the NH Joint Board to complete an application I will be filling with the board.

Signature:

Date:

Part II. To be completed by verifying board and mailed directly to NH Joint Board, 57 Regional Dr., Concord, NH 03301

Date of Exam	ID Number	Audit	BEC Law LPR	FAR FARE (Theory)	REG ARE (Practice)

Was the applicant ever denied admission to the CPA examination?

(if yes please explain)

☐ Yes

☐ No

If the Applicant has not completed the AICPA examination, are there any restrictions preventing him/her from sitting in your state?

(if yes please explain)

☐ Yes

☐ No

Does the Applicant have CPA Certificate in your state?

☐ Yes

☐ No

Does the applicant hold an original CPA certificate of which is in good standing?

(If no please explain)

☐ Yes

☐ No

Has the Applicant ever been Authorized to practice public accounting in your state?

☐ Yes

☐ No

License #:

Date Issued:

Expiration Date:

Mandatory Board Seal

State:

By:

Title:

Date:

Governmental Attestation Letter

Must be printed on the governmental agency's letterhead

Date

New Hampshire Board of Accountancy
57 Regional Dr
Concord NH 03301

Re: Attestation letter for _____
Print Name Here

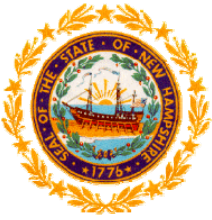
Dear Members of the Board of Accountancy:

I have read RSA 309-B 5, X and understand it is my responsibility as a **Certified Public Accountant, or Public Accountant, from the United States, a Chartered Accountant or Certified Public Accountant from Australia, or a Chartered Accountant from Canada or Chartered Accountant from Ireland or a Contadores Publicos Certificado from Mexico** (please choose the appropriate title), to professionally prepare the above named individual to enable this person to meet the experience requirement. This experience should make an individual proficient in the practice of public accounting.

I hereby attest to the fact that I have read RSA 309-B: X and understand its requirements and certify that the above named individual has obtained the **full experience** ☐ **or partial experience** ☐ (please choose the appropriate one), from this agency to meet those requirements, and has demonstrated to me personally that they have been proficient in their performance.

Signature

Printed Name and Title



NEW HAMPSHIRE BOARD OF ACCOUNTANCY
57 REGIONAL DRIVE
CONCORD, NH 03301
Governmental Experience Form

1. Name:		
Last	First	Middle
2. Dates of Employment: from _____ to _____ (If still employed please state "still employed")		
Numbers 3-6 below pertain to the CPA or CA verifying candidate's experience.		
3. Please indicate your applicable designation If you are not one of the following you cannot sign the experience form for the CPA candidate.		
<input type="checkbox"/> Certified Public Account (US)	<input type="checkbox"/> Certified Public Accountant (Australia)	
<input type="checkbox"/> Chartered Account (Ireland)	<input type="checkbox"/> Chartered Accountant (Australia)	
<input type="checkbox"/> Chartered Account (Canada)	<input type="checkbox"/> Contadores Publicos Certificado (Mexico)	
4. CPA or CA name:		
5. Position Held in Agency:		
6. State or County where license is held:		Expiration:
The remainder of this form requests verification of the candidate's compliance with the Governmental Experience Requirement RSA 309-B:5, X. Please check the applicable sub paragraph below.		
7A.		
<input type="checkbox"/> A) The candidate audited the tax returns or books and accounts of non-governmental entities in three (3) or more distinct line of commercial or industrial business in accordance with generally accepted auditing standards under the direction of a licensee.		
<input type="checkbox"/> B) The Candidate audited the books and accounts or activities of three (3) or more governmental agencies or distinct organizational units in accordance with generally accepted auditing standards under the direction of a licensee and reporting on their operations to a third party, to the Congress or to a state legislature.		
<input type="checkbox"/> C) The candidate reviewed financial statements and supporting material covering the financial condition and operations of non-governmental entities engaged in three (3) or more distinct lines of commercial or industrial business under the direction of a licensee to determine the reliability and fairness of the financial reporting and compliance with generally accepted accounting principles and applicable government regulations for protection of investors and consumers.		
7B. If you checked A or C you must list the three or more distinct lines of commercial or industrial businesses or if you check B you must list the three or more governmental agencies in compliance with RSA 309-B: 5, X.		
a.	b.	c.
d.	e.	f.
8. Please complete the following: indicate whether the hours are actual <input type="checkbox"/> or approximate <input type="checkbox"/>		
# of hours auditing tax returns or books and accounts on non-governmental entities		
# of hours auditing the books and accounts or activities of three (3) or more governmental agencies or distinct organizational units		
# of hours reviewing the financial statements and supporting material covering the financial condition and operations of non-governmental entities engaged in three (3) or more distinct lines of commercial or industrial business.		
# of other Hours (Administrative Non-billable, CPE, Vacation etc.)		
This Candidate worked <input type="checkbox"/> Full time or <input type="checkbox"/> Part time		
SIGNED UNDER PENALTY OF PERJURY		
Printed Name	Signature	Date

Credit Card Sheets are not accepted via e-mail.

CREDIT CARD FORM

You may pay your application fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. This page will be destroyed after the transaction has taken place.

Amount Due: _____

Card Type: (please circle one) Visa Mastercard **(required)**

Card Number: _____ **(required)**

Expiration Date: Month: _____ Year _____ **(required)**

Billing Name and Address (your billing address must match the address associated with the credit card you are using.)

Name on Card: _____

Billing Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

CONFIDENTIAL